or I say an addition to be fourth Best Available copy

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Annicellation of Order Information

Annicellation of to to the annual Lathane falls and their PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876 . Annifording or Docket Humber CLAIMS AS FILED - PART I (Column 1) (Column 2) BMALL ENTITY OTHER THAN SMALL ENTITY FOR HUMBER FILED BASIC FEE (37 CFR 1.16(a)) PO HUMBER EXTRA RATE FEE. TOTAL CLAIMS (37 CFR 1.16(c)) FEE INDEPENDENT CLAIMS minus 20 = OR X ŧ minus 3 OR MUCTIPLE DEPENDENT OLAIM PRESENT (37 CFR 1.16(d)) OR "If the difference in column 1 is less than zero, enter "0" in column 2. ΟŔ TOTAL CLAIMS AS AMENDED - PART I OR: TOTAL (Column 1). (Column 2) (Column:3) CLAIMS SMALL ENTITY. OTHER THAN SMALL ENTITY HIGHEST REMAINING AFTER MENDMENT HUMBER PREVIOUSLY ACLIE-+ EXTRA ADO: Folal PAID EOR "HATE TIONAL Minus Abor-Ande pendent CIT CHR 1.16(b) TIGHAL x 1.25 Minus 50 . OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 OFR 1.16(d)) x 1/00= OR x 1000= +1/80= TOTAL ADD'L FEE OR +,360 TOTAL ADD'L FEE (Column 1) 9O (Column 2) (Column 3) MAIMS HICHEST, - MAINING PRESENT. AFTER MIE PREVIOUSLY PHOMENT ADDI-TIONAL i 2007 EXTRA OFR 1.16(c) PAID FOR PATE. S ADDI-TIONAL Minus Independent (31 CFR: L16(6)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (BIFCER LIGHT) ... X \$ OR ďŘ. TOTAL ADD'L FEE TOTAL (Column 1) OR ADO'L FEE (Column 2) HIGHEST d CLAIMS REMAINING ENDMENT يهجت أثأث AFTER KENDMENT PRESENT NUMBER PREVIOUSLY PAID FOR KATĖ ADDI-TIONAL 1FEE EXTRA Total (3) CFR 1:16(d) RATE . ADDI-Minus TIONAL Independent . (1) OFR 1.16(1) FEE X \$ Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L.16(d)) X \$ OR

ADD'L FEE

ADD'L FEE

OR ADD'L FEE

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

This sollection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, and submitting the completed application form of the service of the pour require to complete this form end/or suggestions for reducing this burden, stoud be sent to the Chief Information of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

if you need essistence in completing the form, cell 1-800-PTO-9199 and select option 2